## REMARKS

The above amendments to the above-captioned application along with the following remarks are being submitted as a full and complete response to the Office Action dated June 15, 2009 (U.S. Patent Office Paper No. 20090610). In view of the above amendments and the following remarks, the Examiner is respectfully requested to give due reconsideration to this application, to indicate the allowability of the claims, and to pass this case to issue.

Status of the Claims

As outlined above, claims 1 and 5-7 stand for consideration in this application, wherein claims 2-4 are being canceled without prejudice or disclaimer, claim 1 is being amended to improve form, and claims 5-7 are being newly added. All amendments to the application are fully supported therein. For example, the amendments to the claims are supported by paragraphs [0029-30], [0036-43], [0051-58], and [0062-67] of the present application as originally filed, as well as by Figures 3, 9, and 15. Applicants hereby submit that no new matter is being introduced into the application through the submission of this response.

Formality Rejections

The Examiner rejected claims 1-4 under 35 U.S.C. §101 as being directed to non-statutory subject matter. Applicants have reviewed the above-noted rejections, and hereby respectfully traverse. Initially, Applicants refer to the Interim Examination Instructions for Evaluating Subject Matter Eligibility Under 35 U.S.C. §101 ("Interim Instructions"), issued by Andrew H. Hirshfeld, Acting Deputy Commissioner for Patent Examination Policy, on August 24, 2009. As provided on page 1 of the Interim Instructions, these instructions "instructions supersede previous guidance on subject matter eligibility that conflicts with the Instructions, including MPEP 2106(IV), 2106.01 and 2106.02."

As further provided on page 1 of the Interim Instructions, the first step in determining subject matter eligibility is to determine whether "the claim [is] directed to one of the four patent-eligible subject matter categories: process, machine, manufacture, or composition of matter." A process is defined as "an act, or a series of acts or steps that are tied to a particular machine or apparatus or transform a particular article into a different state or thing." (Interim Instructions, p. 1).

As outlined above, claims 1 and 5-7 remain of record. Claims 1 is directed to a method for providing a medical support system and 5-7 are directed to computer-

implemented methods of providing medical information management. Thus, it is clear that each claim of the present invention is directed to a process. "A process claim, to be statutory under §101, must pass the machine-or-transformation test (M-or-T test), which ensures that the process is limited to a particular practical application." (Interim Instructions, p. 4). "In accordance with the **M-or-T test**, the claimed process must: (1) be tied to a particular machine or apparatus (machine implemented); or (2) particularly transform a particular article to a different state or thing." (Interim Instructions, p. 5).

Accordingly, Applicants respectfully submit that the processes of each of claims 1 and 5-7 are both tied to a particular machine or apparatus (machine implemented) and particularly transform a particular article to a different state or thing, and that claims 1 and 5-7 are therefore directed to subject matter that is eligible for patenting. In particular, the process of claim 1 is tied to a particular apparatus because it explicitly describes providing a plurality of patient terminals, a plurality of medical institution terminals, and a management server that comprises a storage device and a control device. Furthermore, claim 1 is sufficiently clear as to how the process is tied a particular machine (the medical support system). For example, claim 1 describes each patient terminal being connected with the medical institution terminals and the management server via a network, the medical institution terminals being connected with the management server via the network, that the medical information storage device stores a plurality of sets of medical information data, and that the medical information control device controls input and output of the plurality of sets of medical information data to and from the medical information storage device according to permissions granted from the patient terminals. Furthermore, claim 1 describes the control device as receiving and transmitting request, response, and medical information data from and to the patient terminals and the medical institution terminals over a network, as well as accessing (that is, retrieving medical information data from or storing medical information data) the medical information storage device. Each of these limitations, and well as many other limitations of claim 1, makes clear that the use of a machine (the medical support system) imposes a meaningful limitation on the scope of each of the claims.

Furthermore, as explicitly stated in the preambles of each of claims 5-7, the processes claimed therein are tied to a particular machine because they are implemented on a computer to perform methods of medical information management. That is, the claimed processes are executed on a computer that is specifically implemented to perform the particular claimed steps of the medical information management methods. Furthermore, claims 5-7 are sufficiently clear as to how the computer implements the claimed processes. For example,

each of the claims 5-7 describes receiving and transmitting request, response, and medical information data from and to patient terminals and medical institution terminals over a network, as well as accessing (that is, retrieving medical information data from or storing medical information data) a medical information storage device. Each of these limitations, and well as many other limitations of claims 5-7, makes clear that the use of a machine (the computer) imposes a meaningful limitation on the scope of each of the claims.

Moreover, each of claims 1 and 5-7 involves at least one particular transformation of a particular article (for example, the request and response data) to a different state or thing (for example, the respective permission data that is generated according to a set of information data specified by a request, a specified or requesting medical institution terminal, and a response granting permission for the specified or requesting medical institution terminal). While "mathematical manipulation *per se* has not been deemed a transformation...transformation of electronic data has been found where the nature of the data has been changed such that it has a different function or is suitable for a different use." For the example mentioned above, in the each of the claims, the permission data that is generated according to the respective response and request data clearly has a different function and is suitable for a different use (validating that a medical institution terminal is permitted to upload/download a set of medical information data to/from a medical information storage device) than the respective response and request data.

Accordingly, Applicants respectively submit that the present invention as claimed is directed to subject matter that is eligible for patenting and request reconsideration and withdrawal of the rejections under 35 U.S.C. §101.

The Examiner also rejected claims 1-4 under 35 U.S.C. §112, second paragraph, as being indefinite. Applicants have reviewed the above-noted rejections, and hereby respectfully traverse. Again, as outlined above, claims 1 and 5-7 remain of record. Claim 1 as now amended and new claims 5-7 have each been written in the claim amendments provided above to clearly describe the particular component(s) tied to each act or step included in the claims, as well as how the particular components are tied to each act or step.

Accordingly, Applicants respectively submit that the present invention as claimed is definite and request reconsideration and withdrawal of the rejections under 35 U.S.C. §112, second paragraph.

Prior Art Rejections

The Examiner rejected claims 1-4 under 35 U.S.C. §103(a) as being unpatentable over Ballantyne (U.S. Patent No. 5,867,821) in view of Rozen (U.S. Patent No. 6,073,106). Applicants have reviewed the above-noted rejections, and hereby respectfully traverse.

As outlined above, claims 1 and 5-7 remain of record. A proper obviousness rejection requires establishing that the prior art references, when combined, teach or suggest all of the claim limitations. MPEP §2143. Accordingly, Applicants respectfully submit that Ballantyne, either alone or in combination with Rozen, fails to teach or suggest each and every limitation of claims 1 and 5-7. For example, neither Ballantyne nor Rozen teaches or suggests "the first request being a medical information reference request to allow a second medical institution terminal of the plurality of medical institution terminals to download a first set of medical information data stored in a medical information storage device" as required by independent claim 1. Rather, Ballantyne merely describes a "method...for the distribution and administration of...electronic medical records...**to a patient's individual electronic patient care station** (PCS) interconnected to a master library (ML) which stores data in digital compressed format, through a local medical information network. The patient/medical **personnel interact with this medical information network through the unique PCS** and receives the requested service or data from the master library." (Abstract) (emphasis added). Rozen merely describes "a method of managing a participant's personal information and of controlling, through a service provider, **access to such personal information by a requester** and basically comprises the steps of prompting the participant to provide a constant identifier and a selected password...[and] enabling alteration of any of the personal information in the data file upon presentation of the identifier and the password by the requester" or upon various other contingencies. (Col. 4, ll. 33-65) (emphasis added).

Neither Ballantyne nor Rozen includes any mention or suggestion of any type of a medical information reference **request received from a first medical institution terminal to allow a second medical institution terminal to download a first set of medical information data** as required by claim 1. For at least this reason, Ballantyne, either alone or in combination with Rozen, fails to teach or suggest each and every limitation of claim 1.

As another example, neither Ballantyne nor Rozen teaches or suggests "transmitting a second request over the network to a first patient terminal... requesting permission to allow the second medical institution terminal to download the first set of medical information data" as required by claim 1. In contrast, Ballantyne describes a "unique security architecture (48). The security process is based on the identification and authentication of individuals

requesting access to the health record database. This access can be requested internally or from external sources. **Access is only granted to authorized users** of which the library software automatically audits all users' accesses." (Cols. 7-8, ll. 66-5). The security process described in Ballantyne does not transmit any type of request over a network to a patient terminal that requests permission to download medical information data, as required by claim 1. Rather, in the security process described in Ballantyne, a "unique identification number (ID) is assigned to each user and their personal profile data is stored electronically online....To gain access to the medical information network, each user first enters their ID number (322). This ID number is then validated (324) with a central user list to confirm they are a legitimate user....[I]f a match is determined, the users personal electronic profile is accessed (328). The system then queries (330) the user with a specific question (332) i.e. What was your mother's name? If the user answers correctly (334), access to the network is granted (336) and the time of access is logged (344). This completes the user identification and authentication process." (Col. 8, ll. 20-39). Ballantyne does not describe any type of interaction with a patient terminal. Rather, in Ballantyne, "[t]he patient has the right to request an access log (346) for their personal medical record or the system can initiate a timely print out (348) of all active personal medical records which is forwarded to patient for review." (Col. 8, ll. 54-60).

Likewise, Rozen merely describes that, "[i]n situations where there is a desire to view or obtain a copy of the participant's medical information in the emergency and/or confidential category, but no desire to change such information, the elements which are needed to enable the present method to disclose the information in the desired category via internet communications are the participant's constant identifier, the PIN associated with the desired category and the URL for the website in which the present method is practiced. Upon reaching the appropriate website, menu or prompt driven queries will appear which will guide the requester to enter the participant's constant identifier and E-PIN or C-PIN. The desired category of information then appears on screen for viewing and becomes available for downloading and printing." (Col. 7, ll. 40-53). The security process described in Rozen does not transmit any type of request over a network to a patient terminal that requests permission to download medical information data, as required by claim 1. Rozen does not describe any type of interaction with a patient terminal. Rather, Rozen merely provides "[i]n the event that the participant has provided the E-PIN, C-PIN or password to a medical care provider for the purpose of disclosing or providing a copy of the information in the emergency or confidential categories or one or more documents in the health related documents category, the participant

can subsequently access the website, enter the constant identifier and password, and the present method will prompt the participant to change the E-PIN, C-PIN and/or password." (Col. 7, 57-65).

Accordingly, neither Ballantyne nor Rozen teaches or suggests "transmitting a second request over the network to a first patient terminal... requesting permission to allow the second medical institution terminal to download the first set of medical information data" as required by claim 1. For at least similar reasons, neither Ballantyne nor Rozen includes any mention or suggestion of either of the following limitations also required by claim 1: "receiving a first response over the network from the first patient terminal allowing the second medical institution terminal to download the first set of medical information data" and "transmitting a notification of the first response and a download key for accessing the first set of medical information data in the medical information storage device to the second medical institution terminal" as required by claim 1. For at least any of these reasons, Ballantyne, either alone or in combination with Rozen, fails to teach or suggest each and every limitation of claim 1.

As yet another example, neither Ballantyne nor Rozen teaches or suggests "a plurality of medical institution terminals used by respective medical institutions connected to the network" as required by claim 1. Rather, Ballantyne merely teaches that a master library (ML) for storing medical data is "situated **locally** within the physical boundary of each hospital or by geographical regions serving several hospitals, [and] configured as a client/server system." (Col. 4, ll. 1-4). While this implies that each hospital (or set of hospitals in a geographical region) is connected to an ML through client/server system, each hospital (or set of hospitals in a geographical region) is connected to an ML through a different local network. The set of hospitals described in Ballantyne are not medical institution terminals used by respective medical institutions as required by claim 1. Rather, Ballantyne explicitly provides in column 6, lines 16-19, that "[b]ecause of the uniqueness of the operations of individual hospitals, the data networking architecture of each hospital will be customized accordingly," and additionally, in column 6, lines 31-34, that "[t]he ML is interconnected to distributed user sites (i.e. nursing stations and patient bedside units) **within the confines of the hospital** through an interactive two-way fiber optic cable, coaxial cable, and/or twisted pair cabling." (Emphasis added). Furthermore, Ballantyne repeatedly refers to the ML network operating in conjunction with the **internal** hospital or medical information network. Clearly, the plurality of nursing stations and patient bedside units that are interconnected to a local ML library within the physical confines of a hospital (or a

geographic region of hospitals) according to a unique data networking architecture of the hospital(s) described in Ballantyne are not "a plurality of medical institution terminals used by respective medical institutions connected to the network" as required by claim 1.

Moreover, Rozen includes no mention or suggestion of "a plurality of medical institution terminals used by respective medical institutions connected to the network" as required by claim 1. Rather, Rozen merely describes method of managing and controlling access to a participant's personal information through a service provider. (Col. 4, ll. 33-38). For at least this reason, Ballantyne, either alone or in combination with Rozen, fails to teach or suggest each and every limitation of claim 1.

For at least these reasons, Applicants respectfully submit that Ballantyne, either alone or in combination with Rozen, fails to teach or suggest each and every limitation of claim 1. Accordingly, Applicants respectfully submit that Ballantyne, either alone or in combination with Rozen, does not render obvious claim 1, and that claim 1 is now in condition for allowance.

For at least similar reasons to those discussed above with reference to claim 1, Ballantyne, either alone or in combination with Rozen, fails to teach or suggest any of the following limitations similarly required by claim 5: "the first request being a medical information reference request to allow a second medical institution terminal of the plurality of medical institution terminals to download a first set of medical information data stored in a medical information storage device"; "transmitting a second request over the network to a first patient terminal... requesting permission to allow the second medical institution terminal to download the first set of medical information data"; "receiving a first response over the network from the first patient terminal allowing the second medical institution terminal to download the first set of medical information data"; "transmitting a notification of the first response and a download key for accessing the first set of medical information data in the medical information storage device to the second medical institution terminal"; and "a plurality of medical institution terminals used by respective medical institutions connected to the network." Accordingly, Applicants respectfully submit that Ballantyne, either alone or in combination with Rozen, does not render obvious claim 5, and that claim 5 is now in condition for allowance.

In addition, for at least similar reasons to those discussed above with reference to claim 1, Ballantyne, either alone or in combination with Rozen, fails to teach or suggest any of the following limitations similarly required by claim 6: "the first request being a medical information upload request to upload a first set of medical information data from a first

medical institution terminal of a plurality of medical institution terminals connected to the network to a medical information storage device"; "transmitting a notification of the first request and an upload key for uploading the first set of medical information data to the medical information storage device over the network to the first medical institution terminal"; "generating upload permission data for the first medical institution terminal to upload the first set of medical information data to the medical information storage device that is associated with the upload key and the first medical institution terminal"; and "a plurality of medical institution terminals used by respective medical institutions connected to the network." With particular reference to claim 6, neither Ballantyne nor Rozen includes any mention or suggestion of a request from a patient terminal to upload any medical information data from a first medical institution terminal to a medical information storage device. Accordingly, Applicants respectfully submit that Ballantyne, either alone or in combination with Rozen, does not render obvious claim 6, and that claim 6 is now in condition for allowance.

In addition, for at least similar reasons to those discussed above with reference to claim 1, Ballantyne, either alone or in combination with Rozen, fails to teach or suggest any of the following limitations similarly required by claim 7: "transmitting a second request over the network to a first patient terminal...requesting permission to allow the first medical institution terminal to download the first set of medical information data"; "transmitting a notification of the first response and a download key for downloading the first set of medical information data from the medical information storage device over the network to the first medical institution terminal"; "generating download permission data for the first medical institution terminal to download the first set of medical information data from the medical information storage device that is associated with the download key and the first medical institution terminal"; and "a plurality of medical institution terminals used by respective medical institutions connected to the network." Accordingly, Applicants respectfully submit that Ballantyne, either alone or in combination with Rozen, does not render obvious claim 7, and that claim 7 is now in condition for allowance.

Therefore, Applicants respectively submit that the present invention as claimed is distinguishable and thereby allowable over the prior art of record.

Conclusion

In view of all the above, Applicants respectfully submit that certain clear and distinct differences as discussed exist between the present invention as now claimed and the prior art

references upon which the rejections in the Office Action rely. These differences are more than sufficient that the present invention as now claimed would not have been anticipated nor rendered obvious given the prior art. Rather, the present invention as a whole is distinguishable, and thereby allowable over the prior art.

Favorable reconsideration of this application as amended is respectfully solicited. Should there be any outstanding issues requiring discussion that would further the prosecution and allowance of the above-captioned application, the Examiner is invited to contact the Applicants' undersigned representative at the address and phone number indicated below.

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J53390:00118:157877:1:ALEXANDRIA